

Draft Meeting Summary from the Patient Engagement Workgroup
January 26, 2010

List of Attendees:

Name	Organization
Teresa Stevenson	CalOptima
Barb Filkins	Independent Consultant
Greg Seiler	Be Well Mobile
Patricia Duffy	Regional Health Occupations Resource Center
Judy Chan	HealthPro Consulting
Kim Brant-Lucich	St. Joseph's Health System
Lucy Johns	Independent Consultant
Mary Schamus	MIS4Health
Eva Coblenz	Office of Health Information Integrity
Nileen Verbeten	
Marie Claire Gelbard	IBM
Heather Harper	EngageInHealth
Staff	
Amanda Goltz	Manatt Health Solutions
Julie Murchinson	Manatt Health Solutions
Larry Stofko	Workgroup Tri-Chair
Albert Chan	Workgroup Tri-Chair
Mike Kirkwood	Workgroup Tri-Chair

Action Items:

- Introductions
- Review of Materials on Project Workspace
- Discussion: Mapping Principles to Strategies
- Revised Project Workplan
- Wrap-up and Next Steps

Meeting Summary:

1. Review of Materials on Workspace

- Workspace has been highly active.
- Mtg Minutes in new format
- Each workgroup to submit summaries to be posted publically on state website. Specific and brief summary tables now provided.
- Free webinar tomorrow - Everyone encourage to review sub-committee work.

2. Discuss Mapping Principles to Strategies

- Begin with minimal standards needed
- Standardize using consumer or patient – add a preamble explaining the language.
 - May be useful to do wordsmithing on workspace.
- #1. The concept of consumers being able to attach preferences to where their info goes. Ties into consumers controlling how their data will be used.
 - Levitt Label – Concept that there would be a standard way to communicate to consumers about their health care data. How your data may be used – help the consumer trust how their data will be used.
 - Some level of Consumer education is critical here – basic strategy. Provider education (especially at the beginning) is also important.
- #2. Communications sub-committee addressing issue of awareness.
 - HIE is the glue that holds the commercial systems together. Vendors may sell to vendors, providers. Must be standards to control, exchange and access info for all systems to work together.
 - Establish an advisory council
 - Establish and collect patient use measures
- #3. MU Criteria
- #4 Strategy F - add concept of relevance to the patient. wordsmith offline.
- #5. How would providers drive patients to HIE?
 - Make sure providers feel supported when patients come to them with inquiries.
 - Have spent a lot of effort how to take care of patients – how to also support providers.
- #6. Encouraging Entrepreneurship – Should be meeting consumer needs as they evolve. Entrepreneurs looking at what consumers need. Strategy to meet consumer needs.
- #7 Needs wordsmithing. Improving health outcomes by empowering the patient. Are we just focusing on patient or community level? Should continue to focus on individual.

3. Next Steps

- Constructive feedback on principles / strategies
- New version will be added
- People may contribute tactics

- Goal for next week is to start wording the format that will fit in the Operational Plan.